

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
00/036152

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		1				51			
2	/		1				52			
3	2						53			
4	2		1				54			
5	(1)		1				55			
6	(1)		1				56			
7	(1)		1				57			
8	(1)		1				58			
9	(1)		1				59			
10	(1)		1				60			
11	(1)		1				61			
12	(1)		1				62			
13	(1)		1				63			
14	(1)		1				64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
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30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41			(1)				91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2		1				TOTAL IND.			
TOTAL DEP.	15	↓	12	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	17		13				TOTAL CLAIMS			